LDDX-125992533 SERFF Tracking Number: State: Arkansas State Tracking Number: Filing Company: EFT \$50 Old Republic Insurance Company

Company Tracking Number: AR AR0204201F02

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Aviation Related Programs

Project Name/Number: Aviation Related Programs/AR AR0204201F02

Filing at a Glance

Company: Old Republic Insurance Company

Product Name: Aviation Related Programs SERFF Tr Num: LDDX-125992533 State: Arkansas

TOI: 22.0 Aircraft SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 22.0000 Aircraft Co Tr Num: AR AR0204201F02 State Status: Fees verified and

received

Co Status: Filing Type: Form Reviewer(s): Betty Montesi,

Llyweyia Rawlins

Author: SPI ORChicago Disposition Date: 01/16/2009

Date Submitted: 01/16/2009 Disposition Status: Approved

Effective Date Requested (New): 03/01/2009 Effective Date (New): 03/01/2009 Effective Date Requested (Renewal):

Effective Date (Renewal):

03/01/2009

State Filing Description:

General Information

Project Name: Aviation Related Programs Status of Filing in Domicile: Project Number: AR AR0204201F02 **Domicile Status Comments:**

Reference Organization: Reference Number: Reference Title: Advisory Org. Circular:

Filing Status Changed: 01/16/2009

State Status Changed: 01/16/2009 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company submits for your review and approval applications for the Airport Tenants Liability

(AP) Program. Warranty language has been removed from the fraud warning in both applications.

We submit Airport Tenants Legal Liability/Airport Tenants Insurance Application PAM-UW-25 (01/09) which replaces PAM-UW-25 (09/08). A markup is attached for your reference.

SERFF Tracking Number: LDDX-125992533 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AR AR0204201F02

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Aviation Related Programs

Project Name/Number: Aviation Related Programs/AR AR0204201F02

We submit Commercial Aircraft Insurance Application PAM-UW-29 (01/09) which replaces

PAM-UW-29 (09/08). A markup is attached for your reference.

Company and Contact

Filing Contact Information

Jodi Woods, State Filings Analyst jwoods@oldrepublic.com 307 N. Michigan Avenue (312) 762-4532 [Phone] Chicago, IL 60601 (312) 762-4950[FAX]

Filing Company Information

Old Republic Insurance Company CoCode: 24147 State of Domicile: Pennsylvania

307 N. Michigan Avenue Group Code: 150 Company Type: Chicago , IL 60601 Group Name: State ID Number:

(312) 762-4800 ext. [Phone] FEIN Number: 25-0410420

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Old Republic Insurance Company \$50.00 01/16/2009 25075444

 SERFF Tracking Number:
 LDDX-125992533
 State:
 Arkansas

 Filing Company:
 Old Republic Insurance Company
 State Tracking Number:
 EFT \$50

Company Tracking Number: AR AR0204201F02

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Aviation Related Programs

Project Name/Number: Aviation Related Programs/AR AR0204201F02

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted		
Approved	Llyweyia Rawlins	01/16/2009	01/16/2009		

 SERFF Tracking Number:
 LDDX-125992533
 State:
 Arkansas

 Filing Company:
 Old Republic Insurance Company
 State Tracking Number:
 EFT \$50

Company Tracking Number: AR AR0204201F02

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Aviation Related Programs

Project Name/Number: Aviation Related Programs/AR AR0204201F02

Disposition

Disposition Date: 01/16/2009

Effective Date (New): 03/01/2009

Effective Date (Renewal): 03/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125992533 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AR AR0204201F02

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Aviation Related Programs

Project Name/Number: Aviation Related Programs/AR AR0204201F02

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property	&Approved	Yes
•	Casualty		
Supporting Document	PAM-UW-25 Markup, PAM-UW-29	Approved	Yes
0	Markup		
Form	Airport Tenants Legal Liability / Airport	Approved	Yes
	Tenants Insurance Application		
Form	Commercial Aircraft Insurance Applicati	onApproved	Yes

 SERFF Tracking Number:
 LDDX-125992533
 State:
 Arkansas

 Filing Company:
 Old Republic Insurance Company
 State Tracking Number:
 EFT \$50

Company Tracking Number: AR AR0204201F02

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Aviation Related Programs

Project Name/Number: Aviation Related Programs/AR AR0204201F02

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific	Readability	Attachment
Status			Date		Data		
Approved	Airport Tenants	PAM-UW	- (01/09)	Election/Re Replaced	Replaced Form #	[‡] :0.00	PAM-UW-
	Legal Liability /	25		jection/Sup	PAM-UW-25		25.PDF
	Airport Tenants			plemental	Previous Filing #	•	
	Insurance			Application			
	Application			S			
Approved	Commercial	PAM-UW	- (01/09)	Election/Re Replaced	Replaced Form #	[‡] :0.00	PAM-UW-
	Aircraft Insuranc	e 29		jection/Sup	PAM-UW-29		29.PDF
	Application			plemental	Previous Filing #	•	
				Application			
				S			

PHOENIX AVIATION
MANAGERS, INC.
15660 N. Dallas Parkway, Suite 1000
Dallas, Texas 75248

bqdal@pamav.com

P. O. Box 440757 Kennesaw, Georgia 30160 bqatl@pamav.com

AIRPORT TENANTS LEGAL LIABILITY/AIRPORT TENANTS INSURANCE APPLICATION

(Check which is desi Name of Applicant Address Applicant is:	ndividual ess is	ı 🗆	Corporation 20 to	INSURANCE Partnership [☐ Oth	er					
Insurance is reque	stea mon	1	20 10	20							
Name of Airport	Ider	ntifier	located	miles of							
APPLICANT'S OC	CUPAN	CY:	☐ Entire ☐	Part							
APPLICANT IS: Tenant General Lessee Airport Owner Present Insurance expires											
BUSINESS OWNER'S NAME: Full time Business? ☐ NO ☐ YES											
OPERATIONS OF	APPLIC	;ANT –	indicate all operat	tions and estima	ated an	nual gross	s receipts.				
Fuel & Lubricants		\$	A	ircraft Repairs		\$	A	Auto Park	ing	\$	
Tie Down & Hanga	ring	\$	A	vionics Repairs		\$	A	Agricultura	al Ops	\$	
Landing Fees		\$	A	ircraft Charter		\$	ŀ	Homebuilt	/Exp. Repairs	\$	
New Aircraft		\$	R	ental & Instructio	n	\$	(Other:		\$	
Used Aircraft		\$	Н	elicopter Repairs		\$				\$	
Aircraft Parts	New	\$	F	ood & Beverages	i	\$				\$	
	Used	\$	P	ilot Supplies		\$			Total	\$	
									(Use separate sheet	if necessary)	
Are any Aircraft – o	other tha	n single	e engine or piston m	nulti-engine – mai	intained	l, serviced	or repaired by	applicant	?		
If YES, specify nur	nber and	type:									
Are aircraft owners supervision?	or any o	other pe	erson(s) (other than	employees) pern	nitted to	perform a	ny repair, serv	ice or ins	pection of aircraft ι	under your	
Highest value of ai	rcraft ma	intaine	d, serviced or repai	red by applicant:							
Does applicant per	form any	<i>/</i> :	Engine overhauls		□NO	☐ YES	Propeller ove	rhauls	□ NO □ YES		
			Major airframe stru	uctural repairs	□NO	☐ YES	Aircraft paint	ing	□ NO □ YES		

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

PAM-UW-25 (01/09) Page 1 of 5

LIMITS OF LIABILITY - Check box for Coverages desired: PREMISES PRODUCTS COMPLETED OPERATIONS										
Liability Coverage State Limits of Liability Desired	PREM	IISES	COMPLETED O PROD		GROUND HANGARKEEPERS LIABILITY					
ŕ	EACH PERSON	EACH OCCURRENCE	EACH PERSON	EACH OCCURRENCE	EACH AIRCRAFT					
Bodily Injury Liability										
					EACH LOSS					
Property Damage Liability	XXXX		xxxx							
					☐ INCL. TAXI ☐ EXCL. TAXI					
Bodily Injury and Property Damage					DEDUCTIBLE \$ PISTON A/C \$ TURBINE A/C EACH LOSS, EACH AIRCRAFT					
TIE DOWN & HANGARING by	APPLICANT – Are	aircraft of others tax	ried, towed or moved I	oy applicant? 🔲 N	IO YES					
Who provides tie down ropes/c	hains, etc.?									
Number of: Tie down space	98	T-ha	ngars	Multiple-airc	Multiple-aircraft hangars					
Number of aircraft: Tied dow	'n	In T-	hangars	In multiple-aircraft hangars						
Highest value a/c: Tied dow	n \$	In T-	hangars \$	In multiple-a	In multiple-aircraft hangars \$					
Total value all a/c: Tied dow	n \$	In T-hangars \$ In mult			ple-aircraft hangars \$					
Number of: Ultra-light a/c		Helicopters								
APPLICANT'S VEHICLES, EL	EVATORS and AIR	CRAFT								
Indicate the number and type of	of vehicles maintained	for use exclusively o	n the airport premises:							
Fuel Trucks	Snow Remov	al	Fire Engines	Tugs						
Mowers	Pickup Trucks	5	Passenger Cars	Ot	her					
State number of: Elevators	Escalators	Moving Sidewa	alks							
State number of Aircraft owned	l or operated by appli	cant number of	f Helicopters							

CONTRACTS	
Has applicant entered into any written agreements assuming the liability of others, such as	
lease of premises, fuel supplier, equipment lease, etc.?	☐ NO ☐ YES (attach copies)
Does applicant use contracts for hangaring, tie down service, etc.?	☐ NO ☐ YES (attach copies)

Name of Applicant	

CONSTRUCTION by INDEPENDENT CONTRACTORS – Show estimated	cost by type or construction
Runways & Taxiways	\$ next year \$ next three years
All others (describe)	\$ next year \$ next three years
AIRPORT DESCRIPTION – Elevation is ft. Longest runway is	ft.
Number of aircraft based at airport: Airline	General Aviation Military
Runway construction: Concrete Turf Gravel Blackto	p ☐ Other Are runways lighted? ☐ NO ☐ YES
Is aircraft traffic controlled? ☐ NO ☐ YES By: ☐ Tower	☐ Unicom Operated by:
Is there an airport manager? ☐ NO ☐ YES Employed by:	
Is manager on premises during hours of operation?	S Hours of operation to
Fire station located at airport?	O It is miles from the airport YES
Is airport fenced? ☐ NO ☐ YES Who maintain	s the airport?
Does the applicant own, operate or maintain any navigational aids?	O YES (describe)
If applicant is Owner or General Lessee, complete the following: Airport Manager is: ☐ Employee of applicant ☐ Independent Contractor	(furnish copy of contract)
Any Recreational or other Non-Aviation facilities or use of Airport premises?	□ NO □ YES (describe)
List Airlines and scheduled Air Taxis that will serve this airport during the nex	ct three years:
Total Estimated Arrivals & Departures: PRESENT YEAR	NEXT YEAR (EST) FOLLOWING YEAR (EST)
Revenue Passengers	
Airline Aircraft	
General Aviation Aircraft	
Military Aircraft	
FUELING – On premises ☐ NO ☐ YES Done by applicant ☐ NO	□ YES
Fueling is by: Truck Hydrant Gas pump Gas pit	☐ Self-Serve Pump Facilities ☐ Other
If Self-Serve Pump Facility:	
(a) Who is responsible for Fuel & Equipment Maintenance?(b) Who receives profit from Sales?	
*Provide Copy of Contracts	

Annual Gallonage: Airline gallons General Aviation gallons Military gallons
Type of fuel sold: ☐ AVGAS ☐ JET FUEL ☐ AUTO FUEL
Fuel Storage Facilities: Underground gallons Above ground gallons
Annual Gallonage of Turbine Engine Fuel: gallons
Does applicant refuel/defuel any scheduled airlines?
If yes, describe type aircraft and number fueled per day
LOSS HISTORY and PREVIOUS AVIATION INSURANCE – Explain each "YES" Answer
Has applicant had any aircraft / aviation losses, claims or incidents during the last five years? ☐ NO ☐ YES
(Explanation should include description of Loss, Loss & Expense Reserves, Loss Payments and Total Incurred)
Explain
Has any insurer cancelled, declined or refused to renew any airport / aviation insurance? ☐ NO ☐ YES
(Not applicable in the following states: Missouri)
Explain
Name of Last ☐ or Present ☐ Aircraft Insurance Company:
How many years in business under same management? If less than 5 years, give description of owner's / managers experience.

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.

FRAUD WARNING

(All States except: AR; CO; DC; FL; HI; KY; LA; ME; MD; NJ; NM; NY; OH; OK; PA; TN; VA, VT; WA; WV)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Arkansas – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Name of Applicant

Name of Applicant
District of Columbia - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Hawaii – For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Louisiana – Any person who knowingly and presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio - any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Tennessee - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Vermont - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.
Virginia - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Washington - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
West Virginia – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Date Applicant's Signature
All Owners Must Sign
This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this

insurance.

(This Applicant's insurance agent may not sign this Application for the applicant.)

Producer: Address: City: State:

Fax No.: Phone No.:

PHOENIX AVIATION
MANAGERS, INC.
15660 N. Dallas Parkway, Suite 1000

P. O. Box 440757 Kennesaw, Georgia 30160 bqatl@pamav.com 15660 N. Dallas Parkway, Suite 1000 Dallas, Texas 75248 bqdal@pamav.com

COMMERCIAL AIRCRAFT INSURANCE APPLICATION

(Check which is desired)	☐ A QL	OITATO	N 🗆	INSURANCE
Name of Applicant				
Address				
Policy Period From	20	То	20	
1. SCHEDULE OF A	IRCRAFT:	(If Applica	able)	

									Flight Ope	erations Du	ring Last 12	Months
A/C	F.A.A.*	Make &	Yr.	Engine &	Seats (Incl.	Land (L) Sea (S)	Amount of	Total No.	Approx. % Flown for Each Op		r Each Ope	ration
No.	No.	Model	Mfg	Й.Р.	Crew)	Amp (A)	Insurance	Hours	Instruction	Rental	Charter	Other
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

*If other than Standard indicate "R" for Restricted, "L" for Limited or "E" for Experimental.

Deductibles:Not In Motion
Not In MotionIn Motion
In MotionFixed Gear
Retractable GearNot In MotionIn MotionMulti-Engine

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

PAM-UW-29 (01/09) Page 1 of 4

	OF APPLICANT	ENCUMBE	RED,	СОМ	PLETE T	HE F	FOLLOWING:								
A/C No.	Amount of Lien			Nam	ne and Ad	dres	s of Lienholder								
3. IF A	NY AIRCRAFT ARE	LEASED, C	СОМР	LETE	THE FO	LLO	WING AS RESI	PECTS EACH	OWNER	₹:					
A/C					Pilo	ot Ce	rtificate					Pilot	Hours		
No.	Name of Owr	ner	Age	(Certificate)	Ratings	S.E. Fixed Gear	S.E. R Gea		Mult Engi		Total All Types	Total Last 12 Months	Total Last 180 Days
4. IF A	NY AIRCRAFT HAV	E HAIL DAI	MAGE	i, con	MPLETE	THE	FOLLOWING:								
A/C No.	Date(s) Damage Incurred	Amount of Payment	Ins.		A/C No.		ate(s) Damage curred	Amount of Ir Payment	is.		A/C No.	Da Inc	te(s) Dama curred	ge Amoui Payme	nt of Ins. ent
										-					
5. CHII	EF PILOT EMPLOYE	ED FULL OF	RPAR	T TIM	ME FOR (1) CI	HARTER AND ((2) INSTRUCT	ION:	L				ľ	
	Name	,	\ge		Pilo	t Cer	tificate		ı			Pilot	Hours	ľ	1
(1)	INAITIC		-ige	С	Certificate		Ratings	S.E. Fixed Gear	S.E. Re Gear	et.	Multi- Engine	e	Total All Types	Total Last 12 Months	Total Last 180 Days
(2)															
Bodi Pass Prop	BILITY LIMITS DESII ly Injury Liability (Exc senger Bodily Injury L serty Damage Liability ingle Limit Liability	cluding Pass iability	sengei	9	ea ea	a. Pe a. Od a. Od F	erson erson ccurrence ccurrence Passenger Liabil Ill Bodily Injury I	\$ \$ lity Limited to \$ Limited to \$	ea.	O er	ccurrenc ccurrenc Person rson				

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

NAME	OF APPLICANT	
7. OP	PERATION OF NON-OWNED AIRCRAFT DURING PAST 12 MONTHS:	
(a) (b) (c)	Passenger seating capacity of largest non-owned aircraft Purpose of flying non-owned aircraft Any change contemplated for next 12 months? YES NO (If answer is "YES" explain)	
8. NU	IMBER OF YEARS IN BUSINESS UNDER CURRENT MANAGEMENT:	
9. NA	ME OF MANAGER:	
DR	AS ANY MANAGER OR PILOT NAMED ABOVE EVER BEEN CONVICTED OF OR PLEADED GUILTY TO (A) A CHARGE OF RECKLESS RIVING OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? (B) A FELONY? ST ALL ACCIDENTS/INCIDENTS INSURED AND UNINSURED DURING PAST 5 YEARS: (Use extra sheet if necessary)	
(a)	DATE AMOUNT DESCRIPTION	
(b)		
(C)		
12. NA	AME OF LAST OR PRESENT AIRCRAFT INSURANCE COMPANY:	
	AS ANY COMPANY CANCELLED OR REFUSED TO RENEW? YES NO (Not applicable in the following states: Missouri). Yes, state Company and Reason:	

(All States except: AR; CO; DC; FL; HI; KY; LA; ME; MD; NJ; NM; NY; OH; OK; PA; TN; VA, VT; WA; WV)

FRAUD WARNING

All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby

authorize this Company to investigate all or any qualifications or statements contained herein.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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District of Columbia - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii – For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana – Any person who knowingly and presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NAME OF APPLICANT
New Jersey – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio - any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
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West Virginia – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Date Applicant's Signature
All Owners Must Sign
This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this

insurance.

(This Applicant's insurance agent may not sign this Application for the applicant.)

Producer: Address: City:

State: Phone No.: Fax No.:

 SERFF Tracking Number:
 LDDX-125992533
 State:
 Arkansas

 Filing Company:
 Old Republic Insurance Company
 State Tracking Number:
 EFT \$50

Company Tracking Number: AR AR0204201F02

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Aviation Related Programs

Project Name/Number: Aviation Related Programs/AR AR0204201F02

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125992533 State: Arkansas
Filing Company: Old Republic Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: AR AR0204201F02

TOI: 22.0 Aircraft Sub-TOI: 22.0000 Aircraft

Product Name: Aviation Related Programs

Project Name/Number: Aviation Related Programs/AR AR0204201F02

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 01/16/2009

Property & Casualty

Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

Review Status:

Satisfied -Name: PAM-UW-25 Markup, PAM-UW-29 Approved 01/16/2009

Markup

Comments:

Attachments:

PAM-UW-25 Markup.PDF PAM-UW-29 Markup.PDF

Property & Casualty Transmittal Document

1.	Reserved for Insurance I	Dent. 2. Insura	nce Den	artment Us	e onlv			
1.	Use Only			s received:	· · ·			
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		c. Dispos	ition:					
		d. Date of	f disposit	tion of the fili	ng:			
		e. Effectiv	e date c	of filing:				
			New Bus	siness				
			Renewa	l Business				
		f. State F	iling #:					
		g. SERFF		:				
		h. Subjec						
				1				
3.	Group Name							Group NAIC #
	Old Republic Insurance Grou	ıp						0150
4.	Company Name(s)			Domicile	NAIC #	FEIN :	#	State #
	Old Republic Insurance Com	pany		PA	24147	25-04°	10420	
1	•							
5.	Company Tracking Numbe	r AR AI	R020420	1F02				
Conta	ct Info of Filer(s) or Corpora	te Officer(s) [includ	de toll-fre	ee numberl				
6.	Name and address	Title		ohone #s	FAX	#		e-mail
		0						
	Jodi L. Woods	State Filings	900 (621-0365	312-762	40E0	iwooda	@aldranublia.com
		Analyst		t. 4532	312-702	-4950	jwoods	@oldrepublic.com
	307 N. Michigan Avenue		LA	. 4552				
	Chicago IL 60601							
			0	/				
			Yo	di Wood				
7.	Signature of authorized file	er	0					
8.	Please print name of auth	orized filer	Jodi L.	Woods				
Filina	Information (see General Ins	tructions for descrip	tions of t	hese fields)				
9.	Type of Insurance (TOI)		22.0 A					
10.	Sub-Type of Insurance (Su	b-TOI)	22.000	0 Aircraft				
11.	State Specific Product cod	e(s) (if						
	applicable) [See State Specific							
12.	Company Program Title (M	arketing Title)		Tenants Lia				
13.	Filing Type			e/Loss Cost		ules	_	Rates/Rules
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	Effective Detects) D	.1	 	00/04/00			r T .	00/04/00
14.	Effective Date(s) Requeste	a	New:	03/01/09		Ren	ewal: (03/01/09
15.	Reference Filing?	annliachla)	☐ Yes	s 🛛 No				
16.	Reference Organization (if Reference Organization # 8							
17.	Company's Date of Filing	x ittle	04/46//	20				
18.	Status of filing in domicile		01/16/0	t Filed	Pending	⊠ Aut	horized	Disapproved
19.				1 CHEO	rendind	izi AUI	попиеа	T LUSADDIOVED

PC TD-1 pg 1 of 2 INS02315

Property & Casualty Transmittal Document

20. This filing transmittal is part of Company Tracking # AR AR0204201F02	
O4 Filing Description [This area can be used in liquid a second of the office of a second of the office of the o	
21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	
Old Republic Insurance Company submits for your review and approval applications for the Airport Tenants Liability Program. Warranty language has been removed from the fraud warning in both applications.	AP)
We submit Airport Tenants Legal Liability/Airport Tenants Insurance Application PAM-UW-25 (01/09) which replaces PAM-UW-25 (09/08). A markup is attached for your reference.	
We submit Commercial Aircraft Insurance Application PAM-UW-29 (01/09) which replaces PAM-UW-29 (09/08). A markup is attached for your reference.	
View Complete Filing Description	
22. Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]	
Check #:	
Amount:	
	\neg

Refer to each state's checklist for additional state specific requirements or instructions on

PC TD-1 pg 2 of 2 INS02315

calculating fees.

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



P. O. Box 440757
Kennesaw, Georgia 30160
bgatl@pamav.com

- PHOENIX AVIATION
MANAGERS, INC.
15660 N. Dallas Parkway, Suite 1000
Dallas, Texas 75248
bqdal@pamav.com

AIRPORT TENANTS LEGAL LIABILITY/AIRPORT TENANTS INSURANCE APPLICATION

Style Definition: Default Paragraph

Name of Applicant	rea) _	A QUOTATION [
Address							
Applicant is:		Corporation	☐ Partnership ☐	Other			
Insurance is reques	sted fror	n 20 to	20				
Name of Airport	lde	ntifier located	miles of				
APPLICANT'S OC APPLICANT IS: BUSINESS OWNE	☐ Ter	ant General Les		er Present Ins u ES	orance expires		
OPERATIONS OF	APPLIC	CANT – indicate all op	erations and estimated	d annual gross re	ceipts.		
Fuel & Lubricants		\$	Aircraft Repairs	\$	Auto Parking	\$	
Tie Down & Hanga	ring	\$	Avionics Repairs	\$	Agricultural Ops	\$	
Landing Fees		\$	Aircraft Charter	\$	Homebuilt/Exp. Repairs	\$	
New Aircraft		\$	Rental & Instruction	\$	Other:	\$	
Used Aircraft		\$	Helicopter Repairs	\$		\$	
Aircraft Parts	New	\$	Food & Beverages	\$		\$	
	Used	\$	Pilot Supplies	\$	Total	\$	
					(Use separate she	et if necessary)	
Aro any Aircraft -	other tha	n single engine or pisto	on multi-engine – mainta	ined, serviced or re	epaired by applicant?	S	
Are any Aircraft – C	nher and	type:					
If YES, specify num	iboi and						
If YES, specify num	or any		han employees) permitte	ed to perform any	epair, service or inspection of aircraf	t under your	
If YES, specify num Are aircraft owners supervision?	or any o			ed to perform any i	epair, service or inspection of aircraf	t under your	
If YES, specify num Are aircraft owners supervision?	or any on the or or any	/ES aintained, serviced or re	epaired by applicant:		epair, service or inspection of aircraf	t unaer your	

IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

PAM-UW-25 (<u>01/</u>09)

Page 1 of 6

Name of Applicant					
LIMITS OF LIABILITY - Chec	k box for Coverages	desired: PREM	MISES PRODU	JCTS COMPL	ETED OPERATIONS
Liability Coverage State Limits of Liability Desired	PREM	IISES	COMPLETED O		GROUND HANGARKEEPERS LIABILITY
,	EACH PERSON	EACH OCCURRENCE	EACH PERSON	EACH OCCURRENCE	EACH AIRCRAFT
Bodily Injury Liability					
Property Damage Liability	xxxx		xxxx		EACH LOSS
Bodily Injury and Property Damage					DEDUCTIBLE \$ PISTON A/C \$ TURBINE A/C EACH LOSS, EACH AIRCRAFT
TIE DOWN & HANGARING b	v APPLICANT – Are	aircraft of others tax	tied, towed or moved	by applicant?	NO □ YES
Who provides tie down ropes/	-		•	-	
Number of: Tie down space		T-ha	ngars	Multiple-air	craft hangars
Number of aircraft: Tied dov	wn	In T-	hangars	In multiple-	aircraft hangars
Highest value a/c: Tied dov	vn \$	In T-	hangars \$	In multiple-	aircraft hangars \$
Total value all a/c: Tied dov	wn \$	In T-	hangars \$	In multiple-	aircraft hangars \$
Number of: Ultra-light a/c		Helic	opters		
APPLICANT'S VEHICLES, E	LEVATORS and AIRO	CRAFT			
Indicate the number and type	of vehicles maintained	for use exclusively o	n the airport premises:		
Fuel Trucks	Snow Remov	al	Fire Engines	Т	iugs
Mowers	Pickup Trucks	3	Passenger Cars	0	Other
State number of: Elevators	Escalators	Moving Sidewa	alks		
State number of Aircraft owner	d or operated by appli	cant number of	f Helicopters		
CONTRACTS					
Has applicant entered into any lease of premises, fuel supplie	-	-	of others, such as	□ NO □ YES (atta	ach copies)

☐ NO ☐ YES (attach copies)

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PAM-UW-25 (<u>01/</u>09)

Does applicant use contracts for hangaring, tie down service, etc.?

Name of Applicant
CONSTRUCTION by INDEPENDENT CONTRACTORS – Show estimated cost by type of construction
Runways & Taxiways \$ next year \$ next three years
All others (describe) \$ next year \$ next three years
AIRPORT DESCRIPTION – Elevation is ft. Longest runway is ft.
Number of aircraft based at airport: Airline General Aviation Military
Runway construction: Concrete Turf Gravel Blacktop Other Are runways lighted? NO YES
Is aircraft traffic controlled? NO YES By: Tower Unicom Operated by:
Is there an airport manager? ☐ NO ☐ YES Employed by:
Is manager on premises during hours of operation?
Fire station located at airport?
Is airport fenced? ☐ NO ☐ YES Who maintains the airport?
Does the applicant own, operate or maintain any navigational aids? NO YES (describe)
If applicant is Owner or General Lessee, complete the following: Airport Manager is:
List Airlines and scheduled Air Taxis that will serve this airport during the next three years:
Total Estimated Arrivals & Departures: PRESENT YEAR NEXT YEAR (EST) FOLLOWING YEAR (E
Revenue Passengers
Airline Aircraft
General Aviation Aircraft
Military Aircraft
FUELING - On premises NO YES Done by applicant NO YES
Fueling is by: Truck Hydrant Gas pump Gas pit Self-Serve Pump Facilities Other
If Self-Serve Pump Facility:
(a) Who is responsible for Fuel & Equipment Maintenance?
(b) Who receives profit from Sales?

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PAM-UW-25 (<u>01/</u>09)

*Provide Copy of Contracts

Annual Gallonage: Airline gallons General Aviation gallons Military gallons	
Type of fuel sold: AVGAS JET FUEL AUTO FUEL	
Fuel Storage Facilities: Underground gallons Above ground gallons	
Annual Gallonage of Turbine Engine Fuel: gallons	
Does applicant refuel/defuel any scheduled airlines? ☐ NO ☐ YES	
If yes, describe type aircraft and number fueled per day	
LOSS HISTORY and PREVIOUS AVIATION INSURANCE – Explain each "YES" Answer	
Has applicant had any aircraft / aviation losses, claims or incidents during the last five years?	
(Explanation should include description of Loss, Loss & Expense Reserves, Loss Payments and Total Incurred)	
Explain	
Has any insurer cancelled, declined or refused to renew any airport / aviation insurance?	
(Not applicable in the following states: Missouri)	
Explain	
Name of Last ☐ or Present ☐ Aircraft Insurance Company:	
How many years in business under same management? If less than 5 years, give description of owner's / managers experience.	
All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.	Deleted: All particulars herein are warranted true and complete to the best of my knowledge and no information has been withheld or
	suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the
FRAUD WARNING (All States except: AR; CO; DC; FL; HI; KY; <u>LA;</u> ME; MD; NJ; <u>NM;</u> NY; OH; OK; PA; <u>TN; VA, VT; WA; WV</u>)	insurer shall be the basis of any contract between me/us and the
	Insurer. I hereby authorize this Company to investigate all or any
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.	qualifications or statements contained herein.¶
Arkansas – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.	Maine, New Hampshire, West Virginia
Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance	Formatted: Font: Not Bold
company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds	Deleted: OR ; Formatted: Body Text, Left, Tabs:
shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.	Not at 0.25" + 3.63" + 4.19" + 4.25" + 4.44" + 7.5"
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PAM-UW-25 (<u>01/</u>09)

Name of Applicant _

Name of Applicant	
District of Columbia - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.	
Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.	
Hawaii For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.	Deleted: -
Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.	
Louisiana – Any person who knowingly and presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.	
Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.	
Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.	
New Jersey 2 Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.	Deleted: -
New Mexico - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in	
an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.	
New York – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim	Deleted: Any
for each such violation.	Deleted: , which is a crime
Ohio - any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim // containing a false or deceptive statement is guilty of insurance fraud.	Deleted: Oregon – Any person who, with intent to defraud or knowingly that his is facilitating a fraud against
Oklahoma – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.	an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of
Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto	insurance fraud.¶
commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.	Deleted: injure or
Tennessee - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the	Deleted: insurer
company. Penalties include imprisonment, fines and denial of insurance benefits.	Deleted: or
Vermont - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.	Deleted: shall, upon conviction, be subject to
Virginia - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the	Deleted: for up to 7 years
company. Penalties include imprisonment, fines and denial of insurance benefits.	Deleted: payment
Washington - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the	Deleted: a fine of up to \$15,000
company. Penalties include imprisonment, fines and denial of insurance benefits.	Formatted: Font: Arial
West Virginia – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information	Formatted: Body Text
in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.	Deleted: ¶
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DateApplicant's Signature	Deleted: ¶
All Owners Must Sign	Formatted: Font: 8 pt
This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this / , insurance.	/ Formatted: Normal
(This Applicant's insurance agent may not sign this Application for the applicant.)	Formatted: Space Before: 0 pt, After: 0 pt
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Producer: Address:	Deleted:¶
City:	Deleted:
State: Phone No.: Fax No.:	Formatted: Font: 8 pt, Bold
IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES	ори вы



P. O. Box 440757 Kennesaw, Georgia 30160 bqatl@pamav.com



PHOENIX AVIATION
MANAGERS, INC.
15660 N. Dallas Parkway, Suite 1000
Dallas, Texas 75248
bqdal@pamav.com

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IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES

PAM-UW-29 (01/09)

Page 1 of 4

2. IF <i>A</i>	NY AIRCRAFT ARE	ENCUM	BERED,	COMP	LETE T	HE FO	OLLOWING:						•		Formatted: Right: 0.44", 0.8", Bottom: 0.8", Header from edge: 0.4", Footer dis	distan
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. IF A	NY AIRCRAFT HAV	/E HAIL D) DAMAGE	, COM	PLETE	THE F	FOLLOWING:	<u> </u>	<u> </u>		<u> </u>			_		
A/C	Date(s) Damage	Amount	t of Ins.		A/C	Date	e(s) Damage	Amount of Ir	ns.		ate(s) Dama		nt of Ins.	<u>-</u>	Formatted Table	
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7. OPERATION OF NON-OWNED AIRCRAFT DURING PAST 12 MONTHS:		
(a) Passenger seating capacity of largest non-owned aircraft (b) Purpose of flying non-owned aircraft	4	Formatted: Indent: Left: 0.13", Space After: 0 pt
(c) Any change contemplated for next 12 months? YES NO (If answer is "YES" explain)	4	Formatted: Space Before: 0 pt
		rematted space before a pt
8. NUMBER OF YEARS IN BUSINESS UNDER CURRENT MANAGEMENT:		
9. NAME OF MANAGER:		
10. HAS ANY MANAGER OR PILOT NAMED ABOVE EVER BEEN CONVICTED OF OR PLEADED GUILTY TO (A) A CHARGE OF RECKLESS DRIVING OR DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? (B) A FELONY? YES NO 11. LIST ALL ACCIDENTS/INCIDENTS INSURED AND UNINSURED DURING PAST 5 YEARS: (Use extra sheet if necessary)	_	Deleted: NAME OF APPLICANT
DATE AMOUNT DESCRIPTION _(a)	. ←、	¶¶
(c)	<u>-</u> *,``\	1
(~)		Formatted: Space Before: 0 pt, After: 0 pt
12. NAME OF LAST \square OR PRESENT \square AIRCRAFT INSURANCE COMPANY:	'\'	Formatted: Space Before: 0 pt,
13. HAS ANY COMPANY CANCELLED OR REFUSED TO RENEW? YES NO (Not applicable in the following states: Missouri).	\ \ \	After: 0 pt
If Yes, state Company and Reason:		Formatted: Space Before: 0 pt, After: 0 pt
All particulars herein are true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and conditions of the policy in use by the insurer shall be the basis of any contract between me/us and the Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.		Deleted: All particulars herein are warranted true and complete to the best of my knowledge and no information has been withheld or suppressed and I/we agree that this Application and the terms and
FRAUD WARNING	- ¬,	conditions of the policy in use by the
(All States except: AR; CO; DC; FL; HI; KY; LA; ME; MD; NJ; NM; NY; OH; OK; PA; TN; VA, VT; WA; WV)	A.	insurer shall be the basis of any contract between me/us and the
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.	- 7 " ' - 7 " ' - 1 " '	Insurer. I hereby authorize this Company to investigate all or any qualifications or statements contained herein.¶
Arkansas – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an	111/	West Virginia -
application for insurance is guilty of a crime and may be subject to fines and confinement in prison.	111	Formatted: Font: Bold
Colorado – It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defraudir or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or	a ' ','	Deleted: OR;
agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be	//	Deleted:)
reported to the Colorado Division of Insurance within the department of regulatory agencies.	1,1	Deleted: ¶
District of Columbia - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person.	, \	Deleted: ¶
Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.	``\\.	Deleted: ,
Florida - Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any	·	Deleted: ¶
false, incomplete, or misleading information is guilty of a felony of the third degree.		Deleted: ¶
Hawaii — For your protection, Hawaii Law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crim punishable by fines or imprisonment, or both.	e	Deleted: ¶
Kentucky – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing	ia	Deleted: -
any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudule insurance act, which is a crime.		Deleted: ¶
Louisiana – Any person who knowingly and presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information	in 2	Deleted: ¶
an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.	^ بـ " ر	Deleted: ¶
Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the	//	Deleted:
company. Penalties may include imprisonment, fines or a denial of insurance benefits. Maryland – Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willful presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.	ly_///	Deleted: IMPORTANT: COMPLETE ALL ITEMS ON ALL SIDES¶ PAM-UW-29 (09/08) . Page 1 of 4¶
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New Jersey Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.		Deleted: ¶	
New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in	1	Deleted: -	
an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.		Deleted: ¶	
New York – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a			
fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for	, {	Deleted: ¶	
each such violation.	24	Deleted: Any	
Ohio - any person, who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim _ containing a false or deceptive statement is guilty of insurance fraud.		Deleted: , which is a	a crime.
Oklahoma – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance	+	Deleted: ¶	
policy containing any false, incomplete or misleading information is guilty of a felony.	1	Deleted: ¶ NAME OF	
Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto		APPLICANT	
commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.		1	¶
Tennessee - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the		Ϋ́ Oregon − Any perso	an who with
company. Penalties include imprisonment, fines and denial of insurance benefits.		intent to defraud or k	knowingly that his
Vermont - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to civil fines and criminal penalties.		is facilitating a fraud insurer, submits an a	
Virginia - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the		a claim containing a deceptive statement	
company. Penalties include imprisonment, fines and denial of insurance benefits.	1	insurance fraud.¶	may 20 gamy or
Washington - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.	i .1 .1	Pennsylvania – Any knowingly and with ir	
West Virginia – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in	11	defraud any insurer f application or claim of	
an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.	1 11	false, incomplete or i	misleading
	111	information shall, upo subject to imprisonm	
	111	years and payment of \$15,000.¶	of a fine of up to
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DateApplicant's Signature)	Formatted: Norma	ıl
All Owners Must Sign	-1	Deleted: ¶	
This application does not commit the Company to any liability nor make the Applicant liable for any premium unless the Company agrees to effect this insurance.	1	Deleted: ¶	
▼(This Applicant's insurance agent may not sign this Application for the applicant.)	1	Deleted:¶	
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